



COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

KENNETH HAHN HALL OF ADMINISTRATION
500 WEST TEMPLE STREET, ROOM 437
LOS ANGELES, CALIFORNIA 90012



MARK J. SALADINO
TREASURER AND TAX COLLECTOR

October 7, 2004

Telephone
(213) 974-2101
Telecopier
(213) 626-1812

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, CA 90012

Dear Supervisors:

**REQUEST TO ACCEPT COMPROMISE OFFER OF SETTLEMENT
(ALL DISTRICTS AFFECTED - 3 VOTES)**

BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

2004 OCT - 6 PM 1:09

FILED

IT IS RECOMMENDED THAT YOUR BOARD:

Pursuant to Section 1473 of the Health and Safety Code, authorize acceptance of the compromise offers of settlement from the following individuals who were injured in a third party compensatory accident and who received medical care at a County facility:

Account Number 10750683, in amount of \$14,500
Account Number 10664801, in amount of \$3,820.20
Account Number 10825149, in amount of \$8,216.67
Account Number 10768025, in amount of \$2,500
Account Number 10807734, in amount of \$9,682.23
Account Number 10769251, in amount of \$3,819.87
Account Number 10690053, in amount of \$150,000

JUSTIFICATION:

The best interest of the County would be served by the approval of this recommendation and the County Counsel concurs.

PURPOSE OF RECOMMENDED ACTION:

The compromise offers of settlement are recommended because the patients, estates, or legally responsible relatives are unable to pay the charges.

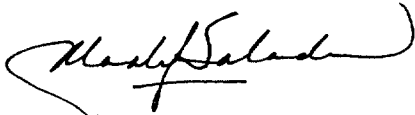
IMPLEMENTATION OF STRATEGIC PLAN GOALS:

This action is consistent with the Countywide Strategic Plan Goal of Fiscal Responsibility in pursuing collection of charges owed for County services.

FISCAL IMPACT:

The County will recover partial payment from a third party against debts, otherwise uncollectible due to the limited financial resources of the individuals who received the medical care.

Respectfully submitted,



MARK J. SALADINO
Treasurer and Tax Collector

MJS:SFJ:efh
X:Comp.67

Attachments

c: Chief Administrative Officer
County Counsel

APPROVED AS TO FORM:

OFFICE OF THE COUNTY COUNSEL

By 
Principal Deputy County Counsel

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 67A
DATE: October 7, 2004

Amount of Aid	\$36,031.00	Account Number	10750683
Amount Paid	.00	Name	Adult Male
Balance Due	36,031.00	Service Date	06/16/02 to 06/27/02
Compromise Amount Offered	14,500.00	Facility	Harbor UCLA Medical Center
Amount to be Written Off	\$21,531.00	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at Harbor UCLA Medical Center at a cost of \$36,031.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$60,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$20,000.00	\$20,000.00	33.33%
Attorney Cost	2,648.10	2,648.10	4.41%
Norman Kaevoy, D.D.S	1,650.00	1,000.00	1.67%
Pomona Valley Comm. Hospital	2,765.35	1,950.00	3.25%
Clinica Medica Villatoro	1,906.00	1,300.00	2.17%
Schaffer/Cole Ambulance	1,029.03	750.00	1.25%
County of Los Angeles	36,031.00	14,500.00	24.17%
Net to Client	N/A	17,851.90	29.75%
Total	\$66,029.48	\$60,000.00	100.00%

Our financial investigation reveals that the client supports himself with a marginal income. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 67B
DATE: October 7, 2004

Amount of Aid	\$117,328.00	Account Number	10664801
Amount Paid	.00	Name	Adult Male
Balance Due	117,328.00	Service Date	03/03/02 to 07/31/02
Compromise Amount Offered	3,820.20	Facility	Harbor UCLA Medical Center
Amount to be Written Off	\$113,507.80	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at Harbor UCLA Medical Center at a cost of \$117,328.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 4,889.54	\$ 4,889.54	32.60%
Attorney Cost	331.38	331.38	2.21%
Professional Imaging Med. Group	1,373.00	44.99	.30%
Buena Vista Anes Med. Group	720.00	23.47	.16%
CA Emergency Physicans	405.00	13.21	.09%
Providence Holy Cross Medical Ctr.	30,056.16	987.67	6.58%
County of Los Angeles	117,328.00	3,820.20	25.46%
Net to Client	N/A	4,889.54	32.60%
Total	\$155,103.08	\$15,000.00	100.00%

Our financial investigation reveals that the client supports himself with a marginal income. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 67C
DATE: October 7, 2004

Amount of Aid	\$105,112.00	Account Number	10825149
Amount Paid	.00	Name	Adult Male
Balance Due	\$105,112.00	Service Date	12/12/03 to 05/03/04
Compromise Amount Offered	8,216.67	Facility	LAC USC Medical Center
Amount to be Written Off	\$ 96,895.33	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in a automobile versus automobile accident. He was treated at LAC USC Medical Center at a cost of \$105,112.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$25,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 8,216.66	\$ 8,216.66	32.86%
Attorney Cost	350.00	350.00	1.40%
County of Los Angeles	105,112.00	8,216.67	32.87%
Net to Client	N/A	8,216.67	32.87%
Total	\$113,678.66	\$25,000.00	100.00%

Our financial investigation reveals that the client is unemployed and is supported by friends and relatives. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 67D
DATE: October 7, 2004

Amount of Aid	\$50,088.00	Account Number	10768025
Amount Paid	.00	Name	Adult Male
Balance Due	50,088.00	Service Date	07/29/03 to 08/08/03
Compromise Amount Offered	2,500.00	Facility	LAC USC Medical Center Olive View Medical Center
Amount to be Written Off	\$47,588.00	Service Type	Inpatient/Outpatient

JUSTIFICATION

The Client was involved in an automobile versus automobile accident. He was treated at LAC USC and Olive View Medical Centers at a cost of \$50,088.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$5,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 1,250.00	\$1,250.00	25.00%
County of Los Angeles	50,088.00	2,500.00	50.00%
Net to Client	N/A	1,250.00	25.00%
Total	\$51,338.00	\$5,000.00	100.00%

Our financial investigation reveals that the client supports himself as a self-employed contractor with a marginal income. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
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TRANSMITTAL NO. 67E
DATE: October 7, 2004

Amount of Aid	\$39,136.00	Account Number	10807734
Amount Paid	.00	Name	Adult Male
Balance Due	39,139.00	Service Date	06/10/03 to 10/28/03
Compromise Amount Offered	9,682.23	Facility	Harbor UCLA Medical Center
Amount to be Written Off	\$29,453.77	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at Harbor UCLA Medical Center at a cost of \$39,136.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$30,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$10,000.00	\$10,000.00	33.33%
Attorney Fees	441.91	441.91	1.47%
Los Angeles City Fire Department	621.25	621.25	2.07%
Continental Hospital Supply	63.87	63.87	.21%
County of Los Angeles	\$39,136.00	9,682.23	32.29%
Net to Client	N/A	9,190.74	30.63%
Total	\$50,263.03	\$30,000.00	100.00%

Our financial investigation reveals that the client is employed with a marginal income. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 67F
DATE: October 7, 2004

Amount of Aid	\$56,188.00	Account Number	10769251
Amount Paid	.00	Name	Adult Male
Balance Due	56,188.00	Service Date	07/02/03 to 08/13/03
Compromise Amount Offered	3,819.87	Facility	LAC USC Medical Center
Amount to be Written Off	\$52,368.13	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at LAC USC Medical Center at a cost of \$56,188.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 5,000.00	\$ 5,000.00	33.33%
Attorney Cost	195.85	195.85	1.30%
Arthur Kreitenberg,M.D.	1,085.00	73.34	.48%
Santa Monica Ctr. UCLA Med. Ctr.	12,649.60	855.11	5.70%
UCLA Radiology Medical Group	1,962.00	132.63	.88%
UCLA Emergency Physicians	213.00	14.40	.09%
UCLA Associated General Surgeon	170.00	11.50	.09%
UCLA Clinical Labs	173.00	81.45	.55%
JJ & R Medical Group	1,205.00	11.70	.08%
County of Los Angeles	56,188.00	3,819.87	25.48%
Net to Client	N/A	4,804.15	32.02%
Total	\$78,841.45	\$15,000.00	100.00%

Our financial investigation reveals that the client is unemployed and is supported by relatives. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 67G
DATE: October 7, 2004

Amount of Aid	\$291,936.00	Account Number	10690053
Amount Paid	.00	Name	Adult Male
Balance Due	291,936.00	Service Date	10/08/02 to 11/24/02
Compromise Amount Offered	150,000.00	Facility	LAC USC Medical Center
Amount to be Written Off	\$141,936.00	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus pedestrian accident. He was treated at LAC USC Medical Center at a cost of \$291,936.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$500,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$175,000.00	\$175,000.00	35.00%
Attorney Cost	11,910.79	11,910.79	2.38%
Medical Legal Art	3,440.00	1,464.01	.30%
Northridge Hospital	39,315.27	16,705.87	3.34%
Professional Ortho	1,245.00	536.81	.11%
Northridge ER Medical Group	466.00	211.47	.05%
Beverly Hills Prosthetics Ortho	780.56	341.61	.07%
Clive M. Segil, M.D.	4,590.00	1,952.01	.39%
Marivan L. Cahayed, D.C.	1,630.00	699.47	.14%
Sammuel A. Wilson, M.D.	430.00	195.21	.04%
Shavash Safvati, M.D.	2,230.00	959.74	.19%
West Hills Hospital	22,072.24	9,385.87	1.88%
H&S Transport	11,580.00	4,928.81	.98%
Jon F. Willen, M.D.	1,800.00	764.54	.15%
County of Los Angeles	291,936.00	150,000.00	30.00%
Net to Client	N/A	124,943.79	24.98%
Total	\$568,425.86	\$500,000.00	100.00%

Our financial investigation reveals that the client is unemployed and has no other source of income or tangible assets.